

FILED JUN 17 1957

STANDARD CERTIFICATE OF DEATH

20128

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 647

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0117 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1020 So. 15th St.		d. STREET ADDRESS 1020 So. 15th St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ANNIE ELIZABETH HITT		4. DATE OF DEATH June 9, 1957	
5. SEX / female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1867
9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Culpepper County, Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Tanner		14. MOTHER'S MAIDEN NAME Ruth J. Newlon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT C. W. Hitt, DeKalb, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 7 hours unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 9, 1957 to June 9, 1957 and last saw her alive on June 9, 1957 Death occurred at 1:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Allen L. Herman M.D.		22b. ADDRESS 706 Frances St. Joseph, Mo.	
22c. DATE SIGNED 6-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/12/1957	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo.	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. June 12, 1957	
Address		26. REGISTRAR'S SIGNATURE Esther M. Ellison	
Leaton-Bowman Funeral Home, St. Joseph, Mo.			
(Licensed Embalmer's Statement on Reverse Side)			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Billie C. Londer*

Licensed Embalmer No. *42*

P. O. Address *H. J. Mc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.